

CLAIMS ONLY

Application Number:

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
1	/					
2		/	/			
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50						
Total Indep	3		2			
Total Depend	14	←	7	←		
Total Claims	17		9			